

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Jh.</i>		<i>2/4/03</i>
O.I.P.E. CLASSIFIER	<i>Dr</i>	<i>32</i>	<i>3/17</i>
FORMALITY REVIEW		<i>71634</i>	<i>8/23/00</i>
RESPONSE FORMALITY REVIEW		<i>641665</i>	<i>11-2-00</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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